Request for Application

I have read the information and would like to receive an application to participate in the Miami-Dade Police Department's Citizens' Volunteer Program. Please send more information to:

Today's Date:		
Name:		<u></u>
Daytime Phone:	<u></u>	
Home Address:		<u></u>
City:		<u></u>
State: Zip Code	o:	<u></u>
Why do you wish to volunteer v	with the Miami-Dade Pol	ice Department?
I am available to volunteer (che	eck all that apply):	
Weekdays (Monday - Fric	lay)	
Evenings (Monday - Frida	ay)	
Weekends (daytime)		
Weekends (evenings)		
Special Events or Project	s	
My interests, skills, and talents	include:	

Please print out this page and fill out the application above. Then mail it to:

Miami-Dade Police Department Citizens' Volunteer Program 9105 NW 25 Street, Room 1044 Miami, Florida 33172